prescribed after eradication. The hematologic profile were assessed after the iron therapy.

Results: We present four patients with iron deficiency anemia and poor nutritional iron intake, gastrointestinal bleeding, chronic inflammation were excluded on the basis of specific tests. Iron deficiency anemia was defined as a hemoglobin concentration of less than 12 g/dl (6.3-7.0 g/dl), serum iron concentration less than 6.6 $\mu\text{mol/L}$ (3.4-4 $\mu\text{mol/L}$), a serum ferritin concentration less than 20 ng/ml (10-17 ng/ml). IgG antibody titer to *H. pylori* was positive in all the patients. Upper gastrointestinal endoscopy revealed a marked antral nodularity. A rapid urease test result was positive. Histopathology revealed chronic gastritis. *H. pylori* was successfully eradicated. Oral iron therapy was prescribed and 3 months later hematologic profile normalized.

Conclusions: A diagnosis of *H. pylori* infection should be taken in children with iron deficiency anemia even in the absence of gastrointestinal symptoms. *H. pylori* infection is a risk factor for iron deficiency anemia.

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THE USE OF MR ENTEROGRAPHY IN CHILDREN WITH CROHN'S DISEASE

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BACKGROUND: Ionizing techniques are frequently used in the evaluation of disease activity in children affected by inflammatory bowel disease (IBD). Magnetic Resonance enterography (MRE) is an interesting new imaging modality avoiding ionizing radiation and the discomfort associated with enteroclysis.

Methods: After fasting for at least 4 hours, bowel distention was achieved by ingesting 1 liter of a 2.5% mannitol solution. MRI was performed with a 1.5 T system (Philips Achieva) and a phased-array torso-XL coil. The examination was completed with administration of an IV spasmolyticum. During the examination 1 MR-technician provided patient support.

Results: 5 children (2 girls), aged 12.3 ± 1.6 years, underwent a MRE. 4/5 were newly diagnosed patients. The exam was well tolerated in all children. The MR-sequences were taken in 10-15 min. Overall image

quality was good with sufficient bowel distension in the jejunum and excellent distension of the ileum. 1 patient (12.4y) had difficulties with breath-hold resulting in motion artefacts; the examination was however of diagnostic quality. MRI enterography revealed lesions of jejunum, preterminal or terminal ileum, caecum and rectosigmoidum in resp. 1, 2, 5, 1 and 1 patient. MR could detect lesions such as bowel wall thickening and oedema, deep ulceration, pseudo-diverticula, hyper-enhancement of bowel wall, stranding of fat, comb-sign, separation of bowel loops and reactive lymph nodes. No fistula or abscess were visualised in these patients.

Conclusions: MR enterography is a promising ionizing sparing technique for the evaluation of small and large bowel disease extent in children with Crohn's disease.

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TREATMENT OF GASTRIC OUTLET OBSTRUCTION DUE TO PEPTIC ULCER IN FOUR CHILDREN

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Background: Peptic ulcer disease complicated with gastric outlet obstruction (GOO) is rare in children. The experience in management of such patients is limited. The purpose of this study is to review the etiology, clinical manifestations, treatment and outcome of the patients in two tertiary referral centers.

Material and methods: From 2005 to 2008, all the pediatric patients admitted to National Cheng Kung University Hospital and Kaohsiung Veterans General Hospital, Taiwan due to pyloric stenosis were reviewed. Infantile hypertrophic pyloric stenosis (IHPS) and anatomical anomalies, such as atresia, web were excluded. Four patients were enrolled into the study. The diagnosis of all the patients were confirmed by panendoscopy and barium meal study in all the patients.

Results: There were 3 boys and one girl. The mean age was 32 months (15-71 months). Two patients had ulcer over the pre-pyloric area and the other two had duodenal ulcer. The etiology of peptic ulcers included non-steroid anti-inflammation drugs (NASIDs) ingestion (2), *Helicobacter pylori* (1) and unknown (1). All patients manifested as